

Appendix 1.3.

LEGISLATION AUTHORIZING THE HUSKY PLAN

Attached is Public Act 97-1 of the October 29 special session. This legislation authorizes the HUSKY Plan.

Appendix 2.1.

INFORMATION ON CHILD HEALTH COVERAGE

The information in the following chart is from two data sources, and the total number of children is different for each. The information on income level and age is based on 1995/96 CPS data. (Attached is a summary of 1995/96 CPS data that was the basis for this chart.) The information on race and ethnicity is based on a preliminary analysis of data collected by the Mathematica Connecticut Family and Household Survey. Total population for the survey analysis was based on an estimate for 1995 derived from the change from the 1993 to the 1994 CPS estimates (the 1995 CPS estimates were not available). The survey analysis does not include records with missing data; therefore, totals may not add up to total population estimates.

HUSKY PLUS
HUSKY PLUS: SUPPLEMENTAL INSURANCE COVERAGE

On October 29, 1997, the Connecticut legislature authorized the establishment of the HUSKY, Part B and HUSKY Plus insurance programs to provide health care coverage for uninsured children pursuant to Title XXI of the Social Security Act. HUSKY, Part A is the program for children's coverage under Title XIX of the Social Security Act. The HUSKY Plus program is comprised of two supplemental health insurance programs to provide services to children whose special medical needs cannot be accommodated within the basic benefit package offered under HUSKY, Part B. One of the HUSKY Plus programs is designed to provide coverage to children with intensive physical health needs, while the other program will supplement coverage for those children with intensive behavioral health needs.

General Features Common to Both Programs

Both the HUSKY PLUS Behavioral Health Plan and the HUSKY PLUS Plan for Children with Special Physical Health Needs are supplemental benefit packages for children who are eligible for HUSKY, Part B, with household incomes under 300% of the federal poverty limit. Children may not apply for coverage under HUSKY Plus unless they have already been determined to be eligible under HUSKY, PART B.

Children who are eligible under HUSKY Plus will be **dually eligible**. That is, children who are determined to be eligible under HUSKY Plus will continue to receive benefits under HUSKY, Part B, including those behavioral and physical health services for their special needs diagnoses or conditions that are covered under Part B.

As described below, these services will be coordinated by a case management team composed of case managers from both HUSKY, Part B and one or both of the HUSKY Plus plans, which will maximize the coordination of benefits under both plans and other sources of coverage through federal, state and private support. The case management team will need to coordinate the development of the treatment plan so that services included do not replicate special education services authorized under an I.E.P. (Individual Education Plan) or I.F.S.P. (Individualized Family Service Plan).

In the event that the child is eligible for HUSKY, Part B, the HUSKY Plus Behavioral Health Plan, and the HUSKY Plus Plan for Children with Special Physical needs, the case management team will include case managers from

all three plans and will develop a treatment plan that integrates services from all three benefit packages.

However, ultimate utilization management decisions will rest with the utilization managers of the plan that is financially at-risk; i.e. HUSKY, Part B utilization managers will have final decision making authority for those services for which they are at-risk and HUSKY Plus utilization managers will have the decision making authority for those supplemental services included in their benefit package.

For the period from April 1, 1998 through April 1, 1999, in the event that there is a dispute between the participating HUSKY Part B managed care plan and the HUSKY Plus plan concerning the responsibility for reimbursement of a service authorized under the treatment plan, the HUSKY Plus plan will assume responsibility for reimbursement. The HUSKY Plus plans will report to DSS any reimbursement situations where they have incurred costs under dispute with the HUSKY Part B Managed Care Plan. For the period following April, 1999, all disputes between the plans regarding reimbursement for an authorized service will be referred to the Commissioner for resolution.

Eligible children will be able to receive services under both the basic and one or both of the supplemental benefit packages simultaneously in order to allow both plans to provide services to the child to the fullest extent possible in the least restrictive setting. For example, a child who is eligible for services from the HUSKY Plus Behavioral Health Plan might receive partial hospitalization services from HUSKY, Part B in combination with mental health services in the home under HUSKY Plus if it was determined by the case management team that this combined benefit might prevent the need for an inpatient admission.

HUSKY Plus services may supplement HUSKY, Part B services once a child has exhausted their annual benefit limits under Part B. However, HUSKY Plus will always be the payer of last resort. The case management team will always look to exhaust all medically necessary covered benefits under HUSKY, Part B, including conversion options when appropriate, before these services are supplanted or replaced by services available under HUSKY Plus.

HUSKY Plus: Behavioral Health Plan

Program Administration

The state will contract with the Yale Child Study Center to provide assessment services, case management, and to develop and organize a statewide network of providers. The Plan will be funded based on an annual appropriation from the legislature to the Department of Social Services. The plan will be responsible for all aspects of benefit management under HUSKY Plus, including the direct reimbursement of HUSKY Plus providers through contractual arrangements including, but not limited to, fee for service reimbursement.

The Plan will be developed by a Steering Committee of 15 members composed of a representative from the Department of Social Services, one from the Department of Children and Families, one from the Department of Public Health, one from the Department of Mental Health and Addiction Services, two from the Yale Child Study Center (one of whom will be the Medical Director), a parent consumer, a child advocate, a provider representative from each of the five state service regions, and 2 representatives from the managed care plans participating in HUSKY, Part B. The members of the Steering Committee have yet to be designated by the Commissioner of the Department of Social Services. We expect this to occur by 1/31/98.

What follows is the current design of the HUSKY Plus Behavioral Health Plan as developed by the Department of Social Services and the Office of Policy and Management, in consultation with the Steering Committee for the Title V Program as established by the Department of Public Health, the Yale Child Study Center, the department of Children and Families, and the Connecticut Association of Health Maintenance Organizations.

Who is Eligible?

Children enrolled in HUSKY, Part B, whose need for behavioral health services exceeds the benefit offered in the basic benefit package will be eligible for HUSKY Plus after a clinical determination of eligibility based on the severity of psychiatric illness, the level of functional impairment, and the intensity of the child's service needs.

While the specific assessment instrument used to determine clinical eligibility are not yet finalized, the following basic guidelines will be used:

Severity of Psychiatric and Substance Abuse Symptoms:
Eligible children must have a diagnosable DSM-IV disorder.

There must be evidence of severe psychiatric and/or substance abuse symptoms in one or more domains including, for example, cognition, affect regulation, impulse control, mood, self-perception, and/or thought process. Problems will be considered to be severe if they exist to a significant degree in one area or if they are moderate but affect two or more domains. The Child Behavior Check List (CBCL) and the Teacher Report Form (TRF; Achenbach, 1991) will be used to provide a standardized assessment of symptom severity (**see Attachment**).

Level of Functional Impairment Secondary to Symptoms:
There must be substantial evidence that the child is experiencing marked impairment in functioning across multiple areas (e.g., daily living skills, communication, and family or peer relationship) and across settings (e.g., home, school, and community). These problems in functioning must be enduring and they must be secondary to a psychiatric or substance abuse disorder, not primarily a result of developmental disability. The Child and Adolescent Functional Assessment scale (CAFAS; Hodges, 1995) will be used to determine the level of functional impairment (**see Attachment**).

Intensity of Service Needs: The child must demonstrate symptoms and functional impairments that have been unresponsive or minimally responsive to intervention and the child must have treatment needs that cannot be reasonably met within the standard HUSKY benefit package. Further there must be reason to believe that HUSKY Plus covered services will have a significant impact on the child's symptoms and level of functioning and that the provision of HUSKY and HUSKY Plus combined services will help the child remain in his or her home and community.

How Do Children Apply for Services ?

Children who are at risk may be identified by their parents, their primary care provider, or another provider in the HUSKY, Part B Plan in which the child is enrolled. The application for HUSKY Plus will be coordinated by the HUSKY, Part B Plan in order to ensure the maximum coordination between HUSKY, Part B and HUSKY Plus. Parents may apply directly to the HUSKY Plus Behavioral Health Program only if they have requested that their HUSKY, Part B Plan file an application on their behalf and the request is refused.

Through a contract with the Yale Child Study Center, children will be assessed for eligibility by a three-person, multidisciplinary committee consisting of the following: a child and adolescent psychiatrist, clinical psychologist, social worker, a psychiatric nurse and other specialists as deemed necessary. Eligibility for the HUSKY Plus Behavioral Health Plan will be reviewed periodically by the multi-disciplinary committee.

What Services Will Be Offered?

The standard Husky, Part B benefit for mental health is 30 outpatient visits and 60 inpatient hospital days and a conversion benefit which includes additional outpatient services, partial hospital/extended day treatment days, sub-acute inpatient days, and intensive outpatient services in exchange for inpatient days. Up to 35 of the 60 covered inpatient days will be available for conversion under HUSKY, Part B. 25 inpatient days will be held as an emergency reserve benefit at all times (see below).

HUSKY, Part B Inpatient Psych Conversion Schedule

35 inpatient days available for conversion according to the following schedule:

- 1 inpatient day = 1 sub-acute inpatient day
- 1 inpatient day = 2 partial hospitalization days
- 1 inpatient day = 2 intensive outpatient services
- 1 inpatient day = 3 outpatient services

25 inpatient days must be held in reserve and are not available for conversion.

HUSKY Plus is a concurrent supplemental benefit which would provide case management, intensive in-home child and adolescent psychiatric services, and mobile crisis services. These supplemental benefits will be used to leverage the benefits in the standard plan to provide more comprehensive services and a more effective service mix. Acute inpatient hospital care, residential psychiatric treatment, and residential substance abuse rehabilitation will not be covered by HUSKY Plus and outpatient and partial hospital/extended day treatment will only be available when the standard HUSKY, Part B benefit limits for those services have been exhausted.

This approach to benefits will ensure that, as long as the child remains eligible for HUSKY Plus, benefits will continue across one or more calendar years and helps ensure continuity of care for the child. It also ensures that the HUSKY Plus supplemental benefit will help prevent the exhaustion of standard HUSKY, Part B benefits in successive calendar years. This approach

will ensure maximum coordination of benefits across the Part B and HUSKY Plus plans.

Who Will Provide the Services?

Under the leadership of the Yale Child Study Center and the Husky Plus-Behavioral Health Plan Steering Committee, the plan will utilize and build a statewide network of child and adolescent service providers. Non-participating providers will be permitted to continue providing care when this is in the best interests of the child.

Once a basic network is established, the plan will establish preferred relationships with selected child guidance clinics, family services agencies, and youth services bureaus. These entities will serve as the Centers for Children's Behavioral Health Care and will provide both case management and care coordination services in addition to direct services.

Technical assistance and support will be offered and a priority referral process will be established to help these centers develop programs for the provision of intensive in-home child and adolescent psychiatric services, mobile crisis services, and multi-level case management services. These centers can then serve a coordinating role in the greater community bringing a range of services to bear upon the needs of children and families including respite care, mentor support, therapeutic recreational services, and appropriate special education services.

How Will Utilization of Services be Managed?

The HUSKY Plus Behavioral Health Plan will rely on utilization guidelines developed by Interqual and the American Academy of Child and Adolescent Psychiatry as well as case management guidelines developed by the Connecticut Child Guidance Clinics Association. Over time the plan will rely on evidence-based guidelines and data that helps clinicians make a determination of which children and families are most likely to benefit from the proposed supplemental services.

All supplemental services provided under the HUSKY Plus Behavioral Health Plan will be part of a care plan developed by the local Case Manager and a child specific planning team composed of parents, providers, and a representative of the participating HUSKY PART B Plan. These services will be subject to prior authorization by the utilization management department of the HUSKY Plus Behavioral Health Plan. The utilization management department for the participating HUSKY, Part B Plan will make final authorization decisions for those services covered under the HUSKY, Part B benefit package.

How Will the Services Be Coordinated with HUSKY, Part B?

Each child who meets the eligibility criteria for services under the HUSKY Plus Behavioral Health Plan will be assigned a case manager who will be responsible for coordinating benefits the child is eligible to receive under HUSKY, Part B and the Behavioral Health Plan supplement as part of the overall care plan developed by the child specific planning team as described above. By providing the supplemental benefits concurrently with benefits available under the HUSKY, Part B plan, each eligible child will have access to a flexible array of services best designed to meet his or her needs.

How Will Quality Assurance Be Assessed?

In order to provide updated information to enrollees, parents, and providers, a HUSKY Plus Behavioral Web Page will be established to answer questions, facilitate local problem-solving, and disseminate information regarding best practices. Only non-confidential information will be transmitted until an encryption technology becomes available. Because internet access is not universally available, a 24 hour toll free phone number will be established to facilitate verbal communication between the plan, providers, and members.

The HUSKY Plus Behavioral Health Plan will undertake a number of studies to evaluate outcomes, develop practice standards, and make available provider report cards.

In order to evaluate quality of care, the HUSKY, Part B Plan in which the child is enrolled will be required to provide summary data on the utilization of behavioral health services on a regular basis but no less frequently than quarterly to the Department of Social Services and the HUSKY Plus Behavioral Health Plan. This information will be required throughout the period of the child's enrollment and for a one year period following disenrollment from the HUSKY Plus behavioral Health Plan, provided that the child remains eligible for HUSKY, Part B.

How Will Grievances and Appeals be Handled?

Whenever possible, the HUSKY Plus Behavioral Health Plan will attempt to resolve grievances informally. However, parents and providers will be encouraged and supported in the expression of grievances without fear of

compromised service. A copy of the appeals procedure, written in a manner easily understood by the lay public, will be distributed to every family at the time of their application to the plan.

The following decisions can be appealed through the grievance process:

- a. Eligibility determination
- b. Medical necessity of a type of service or setting
- c. Choice of provider

While an appeal to discontinue eligibility or services is being considered, the child will remain eligible for the HUSKY Plus Behavioral Health Plan and their services will be continued until the grievance is decided.

The grievance and appeals process will have three levels of appeal: the first to the plan's medical director, the second to a sub-group of the Steering Committee, and the third to the Commissioner.

At the first step of the grievance process, the parent or provider will submit a letter or an appeal form to the Medical Director of the HUSKY Plus Behavioral Health Plan. Decisions will be transmitted to the family within 14 days of receipt unless the appeal is identified as urgent meaning that a denial would be likely to lead to serious medical consequences within 1-10 days of the denial. In these cases the director will respond in writing within five days of the request for the review or within two business days following the receipt of all the information necessary to decide the issue, whichever is earlier. If the first step appeal is denied, the letter to the individual who filed the grievance will describe the second step in the grievance process.

If the parent or provider is not satisfied with the decision at the first step of appeal, a second appeal may be filed with the Medical Director. This letter should contain a statement of the problem, an explanation of why the initial appeal decision was not satisfactory, and a rationale for the outcome that is sought. The letter will be forwarded to an Appeals Committee composed of a representative from the Department of Social Services, a representative from the Department of Children and Families, and one or more specialists in the field related to the condition. At any time prior to the scheduled meeting of the Committee, a member, their parents or a provider may request to appear before the Committee in person.

A second step appeal will be decided within 30 days, 10 days if urgent. If the appeal is denied, the written response will describe the third step in the grievance process.

If a parent or provider is dissatisfied with the decision at the second step, a final third step appeal may be submitted directly to the Commissioner of the

Department of Social Services. This appeal must be submitted within 30 days of the Appeals Committee decision. The HUSKY Plus Behavioral Health Plan will provide DSS with any documentation requested. Upon review of the documentation, the Commissioner shall issue a decision within 60 days from the date of receipt of the material. The HUSKY Plus Behavioral Health Plan will comply with the Department's final resolution of the appeal.

HUSKY Plus Plan for Children with Special Physical Health Needs

Program Administration

The HUSKY Plus Plan for Children with Special Physical Health Needs will be jointly administered by the Connecticut Children's Medical Center and Yale New Haven Children's Hospital in conjunction with the Yale University School of Medicine. The advisory committee established by the Department of Public Health for Title V of the Social Security Act will be the Steering Committee for the HUSKY Plus plan along with representatives from the Departments of Social Services and Children and Families. While all the final decisions have not yet been made pending adoption by the Steering Committee, what follows is the current thinking about the design of the supplemental plan.

Who is Eligible?

Children enrolled in HUSKY, Part B who have intensive physical health needs that cannot be met within the Part B benefit package will be eligible for supplemental services under the HUSKY Plus Plan if they meet the clinical eligibility standard. The clinical eligibility standard is based on diagnostic and/or acuity criteria and shall be the same as those used for the Title V program currently operating in the state.

Clinical eligibility will be determined:

1. By documentation of clinical information which meets the "Medical Eligibility Criteria" of the Department of Public Health Title V Program (Children with Special Health Care Needs- see attached diagnosis list); or
2. By meeting the approved definition of Children with Special Health Needs with documentation of clinical evidence. The definition adopted by the Steering Committee but subject to change is as follows:
3. "Children with special Health Care Needs are those who have or are at elevated risk for (biologic or acquired) chronic physical, developmental, behavioral, or emotional conditions **and** who also require health and related (not educational and not recreational) services of a type and amount not usually required by children of the same age (beyond Connecticut's EPSDT periodicity schedule). The age of eligibility is birth to 18 years, but may include those up to age 21 (for those

determined eligible before age 18) for purposes of transition to adult services.

The state intends to provide all behavioral health services for children eligible for the HUSKY Program through the HUSKY Plus Behavioral Health Plan and the HUSKY, Part B core benefit package. Thus, to the extent that the Title V definition of Children with Special Health Needs includes behavioral and emotional conditions at this time and the program could provide behavioral health services at a future date, participants in HUSKY with intensive behavioral health needs must access such services through the HUSKY Plus Behavioral Health Program and not through the HUSKY Plus Program for Children with Special Physical Health Needs.

For the purposes of determining the acuity of a child who meets the Medical Eligibility Criteria or who may qualify as a Child with Special Health Care Needs, the Steering Committee will employ one of three possible acuity rating systems:

1. Questionnaire for Identifying Children with Chronic Conditions (QuICC)
2. NACHRI Classification of Congenital and Chronic Health Conditions
3. Children with Special Health Care Needs Clinical Eligibility and Complexity Evaluation Tool

Copies and background information on each of these instruments are included in the Attachments.

How Do Children Apply for Services?

Children who may be at risk may be identified by their parents, their primary care provider, or another provider in the HUSKY, Part B Plan in which the child is enrolled. As in the case of applications for the HUSKY Plus Behavioral Health plan, the application for HUSKY PLUS Plan for Children with Special Physical Needs will be coordinated by the HUSKY, Part B Plan. Parents may apply directly to the HUSKY Plus Program for Children with Special Physical Health Needs only if they have requested that their HUSKY, Part B Plan file an application on their behalf and the request is refused.

Children will be assessed for eligibility consistent with the practices and procedures currently in place under the Title V Program.

What Services Will be Offered?

All children determined eligible for the HUSKY Plus Plan for Children with Intensive Physical Health Needs will receive care coordination, advocacy, family support and case management services as well as a comprehensive multidisciplinary evaluation once a year and up to 3 follow-up visits per year with members of the multidisciplinary group as needed. In addition, the range of services will include the following to the extent that they are not covered under the HUSKY, Part B benefit package:

MRI or CT: one per year above basic coverage

Gait analysis: one per year when ordered by a pediatric orthopedist

Sleep study/polysomnography: one per year when ordered by a consulting neurologist or pulmonologist

EG/telemetry: two per year when ordered by a consulting neurologist

Audiometry

EKG/Holter

Hearing Aids: if not covered by the basic plan

Orthotics: two visits per year exclusive of the basic plan

Prosthetics

Speech Therapy

Occupational and Physical Therapy

Durable Medical Equipment: Exclusive of the basic plan and include items that assist in the activities of daily living

Pulmonary Function Testing

Respiratory Therapy

Nutritional therapy including special nutritional formulas or supplements

Specialized and Adaptive Seating

Wheelchairs: This will include a motorized wheelchair if not provided through the basic plan

Transportation

Cast Room

Medical and Surgical Supplies

Laboratory Services: Any laboratory evaluation not covered in the basic plan

Radiology

Emergency Care: Exclusive of the basic plan

Skilled Intermittent Nursing

Home Health Aide

Pharmacy: Only those medications after the benefit in the basic plan is exhausted

Orthodontics

Under extreme circumstances, services provided by a registered dietitian may be covered as part of the plan of care. This list is preliminary and may be revised as the Steering Committee finalizes its recommendations.

Who Will Provide the Services?

The Connecticut Children's Medical Center and the Yale New Haven Children's Hospital will serve as the coordinating organizations but services will be provided by the entities under contract to provide Title V services.

How Will Utilization of Services be Managed?

Service utilization will be managed through a clear definition of medical necessity. The definition currently proposed is "when in the opinion of individual(s) best qualified to evaluate the health and development of children with special health care needs, that service will contribute positively to the well-being of the child, will reduce discomfort or suffering, improve understanding of the nature of a particular acute or chronic problem, and/or

help restore a child's usual state of health to a level that is acceptable to his/her family."

All services will be subject to prior authorization by the utilization management staff at the Connecticut Children's Medical Center and Yale New Haven Children's Hospital. These decisions will be subject to the process for Grievances and Appeals (see below).

How Will Services be Coordinated with HUSKY, Part B?

Each child determined eligible for services under the HUSKY Plus Plan for Children with Special Physical Health Care Needs will be assigned a case manager and receive care coordination services. The case manager/care coordinator will be responsible for coordinating benefits with the child's primary care provider in the HUSKY, Part B plan in which the child is enrolled for basic benefits.

As in the case of the HUSKY Plus Behavioral Health Plan, the case manager will be responsible for convening a team that will develop an individualized health plan for the child. The team will include representatives from the HUSKY, Part B Plan in which the child is enrolled as well as representatives from other state agencies or private entities where the child may be eligible to receive services.

How Will Grievance and Appeals be Handled?

The patients and families of children enrolled in the HUSKY Plus plan will be encouraged and supported in the expression of their complaints, appeals, and concerns without fear of compromised services. A simple and clear grievance and appeals procedure will be developed and communicated to all families at the time of their entry into the plan. The grievance and appeals process will include three basic levels: the first is an appeal to the Medical Director of the plan, the second is to the Steering Committee, and the third is to the Commissioner.

At the first step, a written letter or appeal form will be directed to the medical Director at one of the Centers of Excellence (CCMC or Yale). The grievance will be resolved at the Center and a written notice provided to 99999DSS and to the parent or provider who brought the grievance. If the grievance results in a denial, the notice will include written directions on how to pursue the next step in the process.

If the grievance has not been resolved at the first step, the client may then bring the matter to the Steering Committee or a subcommittee designated by

the Steering Committee to address grievances. This will constitute the second step. The committee/subcommittee will review all necessary documentation and send a written decision to the client.

If the matter continues to be unresolved, the client may access the third step in the process by appealing directly to the Commissioner of the Department of Social Services. Upon review of the documentation, the Commissioner shall issue a decision within 60 days of the receipt of the material.

Program Quality

Both HUSKY Plus supplemental plans will be reviewed annually by an external quality review organization pursuant to the goals identified in the Title XXI State Plan. Pursuant to this review, the Commissioner will submit a report to the Governor and the General Assembly on the HUSKY Plus programs which will include an evaluation of the special health outcome and access measures identified for HUSKY Plus enrollees.

**ATTACHMENT TO
APPENDIX 3.1**

Appendix 4.1.3.

INCOME DISREGARDS

Income (as % of FPL)	Income Disregard (as % of FPL) for Age 0-13	Income Disregard (as % of FPL) for Age 14-18	Premium Share	HUSKY Plan Part A or B
100	0	0	\$0	A
150	0	0	\$0	A
185	0	0	\$0	A
186	0	0	\$0	B
187	0	0	\$0	B
200	0	0	\$0	B
201	0	1	\$0	B
225	0	25	\$0	B
235	0	35	\$0	B
236	1	36	\$30/child, up to \$50/family	B
250	15	50	\$30/child, up to \$50/family	B
275	40	75	\$30/child, up to \$50/family	B
300	65	100	\$30/child, up to \$50/family	B
>300	0	0	100%	B

Note that the authorizing legislation (Appendix 1.3) does not allow disregards of more than 65 percent of the FPL nor does it allow income disregards to reduce family income below 235% of the FPL. However, an amendment to the legislation will be proposed at the start of the legislative session (February 1998) to authorize DSS to implement the above schedule.

PROGRAM FOR PUBLIC INVOLVEMENT

The program, which was approved by the legislature, is divided into five tracks to better distribute information to and receive input from the public: 1) the overall distribution of information; 2) the opportunity to submit written comments; 3) a schedule of public hearings to distribute information and receive both oral and written comments; 4) ongoing involvement with the Children's Health Council; and 5) a forum for prospective health plan providers.

- 1) **Public Information:** A broad distribution of information was made available to the public, members of the General Assembly, consumer advocacy groups, medical providers, and other organizations involved in children's health. Information distribution was made through written brochures, the establishment of a toll-free telephone number, and electronic media.

The initial brochure included a summary of the plan, identification of the state's options, a request for written comments, and the toll-free information number. A copy of the brochure is attached. The brochure was available to persons with disabilities and to those who do not speak or read English through the use of large print and Spanish language versions. A mailing list of over 3,000 people, including parents, providers, advocates, agencies, etc. developed from calls to our toll-free telephone number and with the assistance of the Children's Health Council, was used.

The toll-free telephone number has been in effect since November 3, 1997. This customer information line gives basic HUSKY Plan information as well as the anticipated start date for the program. Callers can also access the mailbox in order to leave their name, address and telephone number to be added to the mailing list. The callers also have the opportunity to remove themselves from the phone mail system and speak with someone directly. The recording is available in either English and Spanish. The toll-free number is (800)385-4052. There is also a TDD number established for the hearing impaired at (800)842-4524.

The Department of Social Services (the Department or DSS) created a HUSKY web site (www.huskyhealth.com) and created links with the Department's web site. We also requested other state agencies and organizations to link into the Department's HUSKY Plan page on their web sites. We are also coordinating with the Children's Health Council and the Commission on Children on using the web sites of

other identified organizations in order to further distribute information about the HUSKY Plan.

The information in the brochure, on the Department's toll-free telephone customer information line, and on the web sites is updated as needed.

- 2) **Written Comments:** The purpose of the written comments was to gather input from the public regarding the design and implementation of the HUSKY Plan, Part B.

Written comments were accepted from the public until December 18th, about one week prior to the State Plan submission to the legislature. Requests for written comments were made in the initial informational brochure, in the public notices for the hearings, and during each of the public hearings. The project manager team of the HUSKY Plan within the Department received written comments. Once the deadline date for written comments was reached, all comments were categorized by major issue. The Department provided a summary of its response, to each person who sent in written comments and also to the Connecticut State Legislature.

- 3) **Public Hearings:** The purpose of the hearings was to deal directly with the public in sessions to receive public comment about the design and implementation of the HUSKY Plan, Part B.

Hearings were set up in each of the five DSS regions throughout Connecticut. Informational brochures in English, Spanish, and large print were available for the attendees at the hearings. An interpreter from the Commission of the Deaf and Hearing Impaired was available at each hearing to assist those attendees with hearing disabilities. The attendees were able to provide oral or written comments at the hearings. (The option to provide written comments directly to DSS continued to be available.) Each of the public hearings was tape recorded and later transcribed by an employee of the Department. Transcribed minutes of the public hearings will be kept on file for record-keeping purposes.

Written notices of the hearings listed the locations, dates and times of all the hearings, giving the recipients at least ten days notice before the hearings. The hearing dates and locations were placed on the HUSKY Plan toll free telephone customer information line. Location and time variations in the scheduling of the hearings provided alternatives to the public in choosing the most convenient hearing to attend.

Representatives from the Department, the Office of Policy and Management, and/or other state agencies were active participants in each of the hearings. Co-chairs and ranking members of the committees of cognizance were invited to participate in the hearings as well as legislators representing the towns included in each of the regions. Notices and invitations for the public hearings were sent to

the individuals and organizations on the mailing list. In addition, notices were placed in various English language and Spanish language newspapers throughout the State.

- 4) **Ongoing Public Involvement:** The Department has an ongoing process with the Children's Health Council whereby a representative of the Department attends the council meetings to discuss questions that arise on the HUSKY Plan.
- 5) **Prospective Managed Care Plan Forum:** An MCP forum was held on December 16, 1997 to give basic information to prospective MCPs, allowing them to begin their preliminary assessment and evaluation of whether they want to participate in the HUSKY Plan. The forum also allowed those MCPs that do intend to participate to begin internal discussion on systems, actuarial analysis, and benefit delivery as well as discussions with providers in their networks.

Appendix 9.10.

HUSKY PLAN BUDGET

The following is the state budget for the HUSKY Plan for SFY 1998. The source of funds is state appropriations.

SUMMARY OF HUSKY INITIATIVE BUDGET - SFY 98			
	Account	Function	Total
<u>HUSKY Program, Part B</u>			
Primary Medical Services	040	3280	4,510,840
HUSKY Plus Special Services	040	3410	1,650,000
Outreach	040	3420	300,000
School Based Child Health-Outreach	040	3430	<u>200,000</u>
Subtotal - HUSKY Program Svcs.			6,660,840
Administrative Expenses			
Personal Services	040	3400	179,876
Other Expenses	040	3400	590,000
Enrollment Broker (OE)	040	3440	500,000
Equipment	040	3400	<u>35,000</u>
Subtotal - HUSKY Administrative			1,304,876
Total - HUSKY (Part B)			7,965,716
<u>Medicaid Expansion, (Part A)</u>			
Primary Medical Services	602	3280	9,280,463
Administrative Expenses			
Personal Services	001	5900	431,396
Other Expenses	002	3400	90,000
OE-Outreach	002	3420	200,000
OE-Enrollment Broker	002	3440	200,000
Equipment	005	3400	<u>115,000</u>
Subtotal-Administrative			1,036,396
Total-Medicaid			10,316,859
Total-All			18,282,575